

FILED DEC 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39576

BIRTH NO. _____		REG. DIST. NO. 348		PRIMARY REG. DIST. NO. 6175		Registrar's No. 44	
1. PLACE OF DEATH a. COUNTY Sullivan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE 110 b. COUNTY Sullivan c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Milan d. STREET ADDRESS (If rural, give location) Liberty Twp			
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Wilson c. (Last) Cochran				4. DATE OF DEATH (Month) (Day) (Year) 11 6 1950			
5. SEX W		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 6-29-1881	
9. AGE (In years last birthday) 69		10. IF UNDER 1 YEAR Months 4		10. IF UNDER 1 YEAR Days 7		10. IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (State or foreign country) Sullivan Co Mo				12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Alex Cochran				13b. MOTHER'S MAIDEN NAME Nancy Sterling			
14. NAME OF HUSBAND OR WIFE Lizzie				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			
16. SOCIAL SECURITY NO. 111-11-1111				17. INFORMANT'S SIGNATURE OR NAME Lizzie Cochran			
18. ADDRESS Milan 110				18. CAUSE OF DEATH: Enter only one cause per line for (a), (b), and (c). I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) coronary arteriosclerosis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) angina pectoris DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>				21a. ACCIDENT SUICIDE HOMICIDE (Specify)			
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21f. HOW DID INJURY OCCUR?				22. I hereby certify that I attended the deceased from 9-19-50 to 11-6-1950, that I last saw the deceased alive on 11-3-1950, and that death occurred at 6:45 m., from the causes and on the date stated above.			
23a. SIGNATURE E. Simpson (Degree or title) P.O.				23b. ADDRESS Milan			
23c. DATE SIGNED 11-9-50				24a. BURIAL, CREMATION, REMOVAL (Specify) Burial			
24b. DATE 11/8/50				24c. NAME OF CEMETERY OR CREMATORY Grato Cem			
24d. LOCATION (City, town, or county) (State) Milan 110				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS			
DATE REC'D BY LOCAL REG. Dec. 2				REGISTRAR'S SIGNATURE Greta Caldwell			
319				25. FUNERAL DIRECTOR'S SIGNATURE Schenck			
1				25. FUNERAL DIRECTOR'S SIGNATURE Schenck			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Received: DEC 5 1950
DISTRICT HEALTH OFFICE #2
District File Number 12-50-205
Date Filed: DEC 7 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No. 2667

P. O. Address Milan Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.